## National Immunization Program VFC IV Regional Workshops

## **July 2001**

## Registration Form

Name:				
				(please print)
Agency:				
				(please print)
Address:				
				(please print)
Telephone #:	Position Title:		E-mail	
Yes [	eserving a hotel room at the saccomplex (please identify yourself as a CDC/***********************************	VFC workshop participant)	No 🗖	
P	lease Check ( / ) the VFC I	Regional Workshop	You Plan to Attend:	
0	Salt Lake City, UT July 17 & 18, 2001	220 South State Street		\$75
Но	tel reservations must be mad	801-961-8700	Sacura confavanca va	ta
110	ici reservations must be ma	ie by 5 miy 1, 2001 to	secure conjerence ru	ie
	Richmond, VA	Sharaton Park South 9901 Midlothian Turnpike 804-323-1144		\$77
	July 23 & 24, 2001			
Но	tel reservations must be mad		secure conference ra	te
П	Dallas, TX	Dallas Addison N	Sarriott Quorum	\$89
	July 30 & July 31, 2001			\$67
Шо	tal vasavnations must be ma	972-661-2800 le by July 9, 2001 to secure conference rate		
110	iei reservations must be mad	ie by July 9, 2001 lo	secure conjerence ra	ie
	Please make y	our own hotel reser	vations	
<i>Participa</i> *******	nts are <u>encouraged</u> to atten ********	d the training session ************************************	n designated for their *******	region. ******
Mail or FAX	X this form no later than Ma	y 1, 2001 to:		
(0	'- 1'- '4- 1\		Patricia Rutledge	
` .	e is limited) # (404) 639-8720		National Immunization Program Immunization Services Division	
TAX	11 (404) 035-0720		gram Support Branch	17151011
		160	00 Clifton Road, M/S I	E-52
			anta, GA 30333 ephone # (404) 639-82	222
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RETAIN A COPY FOR YOUR FILES